



PLANNING & DEVELOPMENT SERVICES DEPARTMENT
10 North Berniston Avenue, Clayton, Missouri 63105
(314) 290-8452

APPLICATION FOR DUMPSTER PERMIT

(PLEASE PRINT)

THIS PERMIT IS VALID FOR 120 DAYS FROM DATE OF ISSUANCE

Permit# _____

You must submit three (3) copies of the site plan with this application depicting proposed location for dumpster. **A \$80.00 FEE MUST ACCOMPANY THIS APPLICATION.** (\$30 APPLICATION FEE + \$50 PERMIT FEE)

Applicants Name _____

Applicants Phone (_____) _____ Alternate Phone (_____) _____

() Owner () Contractor () Other _____

Location:

NO. _____ Street _____ Suite/Unit _____
(REQUIRED)

Owner of Property _____

Describe nature of work and specific dumpster location on site _____

If this dumpster application is in relation to a Building, Plumbing or Mechanical permit please indicate the permit number -

Building Permit # _____ Plumbing Permit # _____ Mechanical Permit # _____

Is there a construction fence on site? _____ yes _____ no

Is the dumpster to be located on the Public Right of Way? _____ yes _____ no

Is the dumpster to be located at a loading dock? _____ yes _____ no

Contractors Name _____

Contractors Address _____

City _____ State _____ Zip Code _____ Phone (_____) _____

I hereby certify the above information is correct and that I am the legal owner of the property or have been authorized by the owner to make application for the work described above.

Signature _____ Date _____

Please Print Name _____



PLANNING & DEVELOPMENT SERVICES DEPARTMENT
10 North Bemiston Avenue, Clayton, Missouri 63105
(314) 290-8452

DUMPSTER PERMIT
REQUEST FOR EXTENSION BEYOND 120 DAYS
(PLEASE PRINT)

**A PER DAY PRO RATED FEE WILL APPLY TO APPROVED EXTENSIONS AT THE RATE OF
\$ 20.00 PER DAY**

Applicants Name _____
Applicants Phone (____) _____ Alternate Phone (____) _____
() Owner () Contractor () Other _____

Location:

NO. _____ Street _____ Suite/Unit _____
(REQUIRED)

Owner of Property _____

Permit# _____ Estimated additional time needed: _____ days

Reason for request: _____

Contractors Name _____

Contractors Address _____

City _____ State _____ Zip Code _____ Phone (____) _____

**I hereby certify the above information is correct and that I am the legal owner of the property or
have been authorized by the owner to make application for the work described above.**

Signature _____ Date _____

Please Print Name _____

FOR OFFICE USE ONLY

Request ☐ Approved ☐ Denied

Director of Planning and Development Services / Building Official

Date